

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Harrison
Township Grant
City (No.)

Registration District No. 341
Primary Registration District No. 5477

File No. 22206
Registered No. 9
St. Ward

2. FULL NAME

(a) Residence, No. 510 Allen Kemp St. Ward.

(Usual place of abode) Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 7/17/1922

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 16 9 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. labor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co., Mo.

13. NAME unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME Dolly Kemp

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrison Co., Mo.

17. INFORMANT Mrs. Nancy Kemp (ADDRESS) Bethany, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Morris Chapel DATE 5-19 1937

19. UNDERTAKER L. M. Hines & Sons (ADDRESS) Bethany, Mo.

20. FILED 5-18- 1939 L. M. Hines Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/16 1939

22. I HEREBY CERTIFY, That I attended deceased from 15, 1939, to 15, 1939.

I last saw alive on about 11:30 1939. Death is said to have occurred on the date stated above, at about 11:30 a.m.

The principal cause of death and related causes of importance were as follows:

Accident. Caused by crushed limestone sliding or falling against & crushing body
Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury
Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) Joe E. Wheeler Coroner
(Address) Bethany, Mo.

186 B.
RECEIVED

District Health Officer No. 11;

District File Number.....739-773

Date Filed.....JUL 7 1939

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

22206
Do not use this space.

1. PLACE OF DEATH

(a) County Harrison

Registration District No. 341

(b) Township Barren

Primary Registration District No. 3477

(c) City

(d) Street No. St.

(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. allen Kemp St. ☐ (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

m

4. COLOR OR RACE

w

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

s

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

16

9

29

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

13. NAME

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

15. MAIDEN NAME

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED

19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/16, 1939

22. I HEREBY CERTIFY, That I attended deceased from

I last saw h. alive on, 19. Death is said

to have occurred on the last stated above, at, m.

The principal cause of death and related causes of importance were as follows:

accident. Caused by crushed limestone slipping or falling against chest crushing body

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide accident Date of injury 5/16 1939

Where did injury occur? East of Ridgeway mo.

Specify whether injury occurred in industry, in home, or in public place.

Public place

Manner of injury Crushed by lime stone

Nature of injury Head & chest crushed

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joe Wheeler

(Address) Bethany mo

CAUSE OF DEATH IN PLAIN TERMS, so that it may be properly understood. But statement of OCCUPATION is very important. REGISTRARS SHALL, NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

